



General Assembly

February Session, 2006

Amendment

LCO No. 5497

HB0559505497HD0

Offered by:
REP. O'CONNOR, 35th Dist.

To: Subst. House Bill No. 5595

File No. 315

Cal. No. 219

"AN ACT CONCERNING THE HEALTHY KIDS INITIATIVE."

1 Strike lines 1 to 356, inclusive, in their entirety and substitute the
2 following in lieu thereof:

3 "Section 1. (NEW) (*Effective July 1, 2006*) There is established a
4 Nutmeg Health Partnership Insurance Plan. The plan shall consist of
5 the measures set forth in sections 2 and 3 of this act, sections 38a-472d
6 and 38a-476c of the 2006 supplement to the general statutes and
7 sections 38a-497 and 38a-554 of the general statutes, as amended by
8 this act, for the purpose of making health insurance accessible and
9 affordable for residents of this state.

10 Sec. 2. (*Effective from passage*) Not later than January 1, 2009, the joint
11 standing committee of the General Assembly having cognizance of
12 matters relating to insurance shall develop a plan to provide health
13 insurance that is accessible and affordable for all of the residents of this
14 state.

15 Sec. 3. (NEW) (*Effective July 1, 2006*) (a) As used in this section:

16 (1) "Commissioner" means the Insurance Commissioner; and

17 (2) "Ineligible population" means (A) part-time employees, seasonal
18 employees and independent contractors who are not eligible to
19 participate in a group health insurance policy offered by an employer
20 or in any other group health insurance policy, as determined by the
21 commissioner, and (B) retired employees under the age of sixty-five
22 who are not eligible to participate in a group health insurance policy
23 offered by a former employer or in any other group health insurance
24 policy, as determined by the commissioner.

25 (b) Notwithstanding the provisions of chapter 700c of the general
26 statutes, the Insurance Commissioner may approve any group health
27 insurance policy or certificate which does not contain all the minimum
28 coverages or benefits set forth in chapter 700c of the general statutes,
29 provided such policy or certificate is approved only for issue to the
30 ineligible population in this state.

31 Sec. 4. Section 38a-497 of the general statutes is repealed and the
32 following is substituted in lieu thereof (*Effective October 1, 2006*):

33 [Every] Each individual health insurance policy providing coverage
34 of the type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12)
35 of section 38a-469 delivered, issued for delivery, amended or renewed
36 in this state on or after October 1, [1982] 2006, shall provide that
37 coverage of a child shall terminate no earlier than the policy
38 anniversary date on or after whichever of the following occurs first, the
39 date on which the child marries, ceases to be a dependent of the
40 policyholder [,] or attains the age of [nineteen if the child is not a full-
41 time student at an accredited institution, or attains the age of twenty-
42 three if the child is a full-time student at an accredited institution]
43 twenty-three.

44 Sec. 5. Section 38a-554 of the general statutes is repealed and the
45 following is substituted in lieu thereof (*Effective October 1, 2006*):

46 A group comprehensive health care plan shall contain the minimum

47 standard benefits prescribed in section 38a-553, as amended, and shall
48 also conform in substance to the requirements of this section.

49 (a) The plan shall be one under which the individuals eligible to be
50 covered include: (1) Each eligible employee; (2) the spouse of each
51 eligible employee, who shall be considered a dependent for the
52 purposes of this section; and (3) dependent unmarried children [,] who
53 are under the age of [nineteen or are full-time students under the age
54 of twenty-three at an accredited institution of higher learning] twenty-
55 three.

56 (b) The plan shall provide the option to continue coverage under
57 each of the following circumstances until the individual is eligible for
58 other group insurance, except as provided in subdivisions (3) and (4)
59 of this subsection: (1) Notwithstanding any provision of this section,
60 upon layoff, reduction of hours, leave of absence, or termination of
61 employment, other than as a result of death of the employee or as a
62 result of such employee's "gross misconduct" as that term is used in 29
63 USC 1163(2), continuation of coverage for such employee and such
64 employee's covered dependents for the periods set forth for such event
65 under federal extension requirements established by the federal
66 Consolidated Omnibus Budget Reconciliation Act of 1985 (P.L. 99-272),
67 as amended from time to time, (COBRA), except that if such reduction
68 of hours, leave of absence or termination of employment results from
69 an employee's eligibility to receive Social Security income,
70 continuation of coverage for such employee and such employee's
71 covered dependents until midnight of the day preceding such person's
72 eligibility for benefits under Title XVIII of the Social Security Act; (2)
73 upon the death of the employee, continuation of coverage for the
74 covered dependents of such employee for the periods set forth for such
75 event under federal extension requirements established by the
76 Consolidated Omnibus Budget Reconciliation Act of 1985 (P.L. 99-272),
77 as amended from time to time, (COBRA); (3) regardless of the
78 employee's or dependent's eligibility for other group insurance, during
79 an employee's absence due to illness or injury, continuation of
80 coverage for such employee and such employee's covered dependents

81 during continuance of such illness or injury or for up to twelve months
82 from the beginning of such absence; (4) regardless of an individual's
83 eligibility for other group insurance, upon termination of the group
84 plan, coverage for covered individuals who were totally disabled on
85 the date of termination shall be continued without premium payment
86 during the continuance of such disability for a period of twelve
87 calendar months following the calendar month in which the plan was
88 terminated, provided claim is submitted for coverage within one year
89 of the termination of the plan; (5) the coverage of any covered
90 individual shall terminate: (A) As to a child, the plan shall provide the
91 option for said child to continue coverage for the longer of the
92 following periods: (i) At the end of the month following the month in
93 which the child marries, ceases to be dependent on the employee or
94 attains the age of [nineteen] twenty-three, whichever occurs first, [,
95 except that if the child is a full-time student at an accredited
96 institution, the coverage may be continued while the child remains
97 unmarried and a full-time student, but not beyond the month
98 following the month in which the child attains the age of twenty-
99 three.] If on the date specified for termination of coverage on a
100 dependent child, the child is unmarried and incapable of self-
101 sustaining employment by reason of mental or physical handicap and
102 chiefly dependent upon the employee for support and maintenance,
103 the coverage on such child shall continue while the plan remains in
104 force and the child remains in such condition, provided proof of such
105 handicap is received by the carrier within thirty-one days of the date
106 on which the child's coverage would have terminated in the absence of
107 such incapacity. The carrier may require subsequent proof of the
108 child's continued incapacity and dependency but not more often than
109 once a year thereafter, or (ii) for the periods set forth for such child
110 under federal extension requirements established by the Consolidated
111 Omnibus Budget Reconciliation Act of 1985 (P.L. 99-272), as amended
112 from time to time, (COBRA); (B) as to the employee's spouse, at the
113 end of the month following the month in which a divorce, court-
114 ordered annulment or legal separation is obtained, whichever is
115 earlier, except that the plan shall provide the option for said spouse to

116 continue coverage for the periods set forth for such events under
117 federal extension requirements established by the Consolidated
118 Omnibus Budget Reconciliation Act of 1985 (P.L. 99-272), as amended
119 from time to time, (COBRA); and (C) as to the employee or dependent
120 who is sixty-five years of age or older, as of midnight of the day
121 preceding such person's eligibility for benefits under Title XVIII of the
122 federal Social Security Act; (6) as to any other event listed as a
123 "qualifying event" in 29 USC 1163, as amended from time to time,
124 continuation of coverage for such periods set forth for such event in 29
125 USC 1162, as amended from time to time, provided such plan may
126 require the individual whose coverage is to be continued to pay up to
127 the percentage of the applicable premium as specified for such event in
128 29 USC 1162, as amended from time to time. Any continuation of
129 coverage required by this section except subdivision (4) or (6) of this
130 subsection may be subject to the requirement, on the part of the
131 individual whose coverage is to be continued, that such individual
132 contribute that portion of the premium the individual would have
133 been required to contribute had the employee remained an active
134 covered employee, except that the individual may be required to pay
135 up to one hundred two per cent of the entire premium at the group
136 rate if coverage is continued in accordance with subdivision (1), (2) or
137 (5) of this subsection. The employer shall not be legally obligated by
138 sections 38a-505, 38a-546 and 38a-551 to 38a-559, inclusive, as
139 amended, to pay such premium if not paid timely by the employee.

140 (c) The commissioner shall adopt regulations, in accordance with
141 chapter 54, concerning coordination of benefits between the plan and
142 other health insurance plans.

143 (d) The plan shall make available to Connecticut residents, in
144 addition to any other conversion privilege available, a conversion
145 privilege under which coverage shall be available immediately upon
146 termination of coverage under the group plan. The terms and benefits
147 offered under the conversion benefits shall be at least equal to the
148 terms and benefits of an individual comprehensive health care plan.

149 Sec. 6. (NEW) (*Effective October 1, 2006*) Each physician licensed
150 under chapter 370 of the general statutes and engaged in the private
151 practice of medicine in this state shall:

152 (1) Provide, upon request of the patient or such patient's designee,
153 an estimate of the costs of any service or treatment to the patient or his
154 or her designee prior to the service or treatment being rendered; and

155 (2) Provide an itemized receipt to the patient or such patient's
156 designee for any payment made at such physician's office by or on
157 behalf of such patient, which shall specify the services rendered to the
158 patient and the charges for each such service.

159 Sec. 7. Section 19a-690 of the general statutes is repealed and the
160 following is substituted in lieu thereof (*Effective from passage*):

161 (a) Any licensed health care practitioner or practitioner group
162 operating or replacing any magnetic resonance imaging equipment or
163 providing any magnetic resonance imaging service shall obtain
164 magnetic resonance imaging accreditation by the American College of
165 Radiology, [or] its successor organization, or an alternate nationally
166 recognized accrediting organization, for all equipment, services and
167 personnel involved with such magnetic resonance imaging activities of
168 such practitioner or practitioner group. Such accreditation shall be
169 obtained not later than eighteen months after July 1, 2001, or eighteen
170 months after the date on which such magnetic resonance imaging
171 activities are first conducted, whichever is later. Upon the expiration of
172 the applicable eighteen-month period, no magnetic resonance imaging
173 equipment may be operated or replaced and no magnetic resonance
174 imaging service may be provided by any such practitioner or
175 practitioner group that does not receive accreditation as required by
176 this section. Evidence of such accreditation shall be maintained at any
177 facility at which magnetic resonance imaging equipment is operated or
178 replaced or at which magnetic resonance imaging service is provided
179 and shall be made available for inspection upon request of the
180 Department of Public Health.

181 (b) Notwithstanding the provisions of subsection (a) of this section,
182 any licensed health care practitioner or practitioner group that is
183 accredited as provided in subsection (a) of this section shall continue to
184 be subject to the obligations and requirements applicable to services
185 provided and the acquisition of equipment by such practitioner or
186 practitioner group, including, but not limited to, any applicable
187 certificate of need requirements as provided in chapter 368z and any
188 applicable licensure requirements as provided in chapter 368v."